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(Re	questor's Name)	"
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor					
CUD IEZ	Concepts B	y Georgie, LLC				
SUBJECT:Name of Limited Liability Company						
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	indence concerning this matter	to the following:			
		Georgie Stark				
			Name of Person			
		Concepts by Georgie, LLC				
			Firm/Company	· · · · · · · · · · · · · · · · · · ·		
		731 NE 49th Street				
	·					
		Oakland Park, Florida 33:	334			
			City/State and Zip Code			
		geojsintdes@comcast.net	to be used for future annual report not	4:		
Eur furtha	ifaation o			meanon)		
		oncerning this matter, please ca				
Georgie S	Stark 		954 661.7202 at ()			
_	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>n</u> F	Mailing Addres Registration S	<u>s:</u> Section	Street Address: Registration Se	ction		
Division of Corporations			Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Concepts By Georgie				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records i Limited Liability Company)	<u>r)</u>		
ne Articles of Organization for this Limited Liability Company were filed on July 13,2020		and assigned		
Florida document number 1.20000193172	<u>_</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:	2021		
Georgie Jewel Stark, LLC		5 TI		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	<i>O</i> 1 — (
Enter new principal offices address, if applicable:		2 9		
Principal office address MUST BE A STREET ADDR	RESS)			
		- 第 。		
		×		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered	d office address on our records, <u>enter t</u>	the name of the new registere		
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		orida		
	City	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** Address Title Name □Add Remove **⊟**Add Change \square Add □Remove □ Change Remove

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fan effective date i Note: If the date	if other than the date of slisted, the date must be specified in this block do	cific and cannot es not meet the	be prior to date of applicable sta	of filing or more th tutory filing req	an 90 days after uirements, this	filing.) Purst date will n	ıant to 60 ıot be lis	5.0207 ited as 1
document's effec	tive date on the Departm	ent of State's	records.					
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Filing Fee: \$25.00